

## Myths vs. Facts in Health Care Reform

**Myth: The Public Option-** A government-run public option would force employers to drop their coverage and force everyone onto a public plan.

**Fact:** Under the bill, no one could ever be forced onto the public plan. Individuals would personally choose to enroll in the public plan. All those using the Health Insurance Exchange will have a range of options, including various private plans and the public plan to choose from. If the employer is providing their employees health insurance through the Exchange, it is the employee- not the employer- choosing the plan. Furthermore, the non-partisan Congressional Budget Office (CBO) estimates that rather than the bill forcing employers to drop their coverage, the number of Americans in private insurance plans will actually increase under the bill. The public plan would be critical to controlling costs, keeping private insurers honest, and ensuring that Americans have access to affordable, quality health insurance options.

**Myth: Loss of Private Coverage-** Millions of Americans would lose their current employer-provided health care under the bill.

**Fact:** The CBO has confirmed that the provisions in America's Affordable Health Choices Act would increase, not cut, the number of Americans receiving employer-provided health insurance.

**Myth: Government Control-** The America's Affordable Health Choices Act would result in a complete and expanded government control over Americans health care.

**Fact:** In the current health care system, insurance companies- not patients or doctors- hold the power. They can decide whether or not to cover treatments, procedures and routine visits to the doctors. They can also decide to raise premiums, deny coverage, or delay care without accountability. This current system allows insurance companies to shut millions out of health care. The House bill would place patients and doctors in the driver's seat when making health care decisions. It would also eliminate lifetime limits on how much insurance companies pay and would no longer allow insurance companies to deny coverage to individuals because of pre-existing conditions.

**Myth: Rationing Care-** The Health Benefits Advisory Committee established under the House bill would lead to the government rationing of health care.

**Fact:** There is no rationing of care under this bill. Again, insurance companies will no longer be the main deciders in how health care decisions are made; rather patients and doctors will be in charge. The Health Benefits Advisory Committee does NOT have any role in determining what treatments individuals are entitled to; its primary role is simply to recommend the minimum benefit package insurers must offer under the bill. Furthermore the Committee is not a government committee; it will be made up mostly of providers, consumer representatives, employers, labor, health insurance issuers, and independent experts.

**Myth: Cutting Medicare-** The House bill would make cuts in Medicare that are damaging to seniors, as well as take away choices for millions of seniors.

**Fact:** The cost savings in Medicare in the bill are all targeted at achieving new efficiencies; expanding authority to fight

waste, fraud and abuse; and eliminating wasteful subsidies to private insurance companies (Medicare Advantage). None of the cost savings would reduce Medicare benefits, rather, the bill includes several key provisions that improve Medicare benefits and health care for seniors- including eliminating the coverage gap or “donut hole” in the Medicare prescription drug benefits program, which could save 4,700 seniors in the 13th District alone thousands of dollars a year. Co-payments and deductibles for preventative services under Medicare would also be eliminated.

**Myth: Death Panel-** The government would decide when to pull the plug on grandma.

**Fact:** America’s Affordable Health Choices Act extends Medicare coverage to cover the cost of patients voluntarily speaking to their doctors about their values and preferences regarding end-of-life care, empowering many older Americans on this critical issue. These are deeply personal decisions that take thoughtful consideration; this bill would simply compensate doctors for their time.

**Myth: Exempting Congress-** Everyone will be affected by the reform except Members of Congress and their families.

**Fact:** Members of Congress’s health care plans will be subject to the same rules as all other employer-sponsored plans. Nothing in the legislation exempts the plans available as part of the Federal Employee Health Benefits (FEHB) program (the plans Members of Congress and all federal employees enroll in) from the reforms.

**Myth: Parental Rights-** As part of the provision in Section 1904 of the bill, the government is trying to take over parental rights in child care and development.

**Fact:** This section would provide grants to states for voluntary home visitation programs for families with young children and families expecting children to improve the well-being, health, and development of children.

**Myth: Cost-** The House legislation will add to the deficit.

**Fact:** While the CBO estimates that the House health insurance reform bill will cost \$1 trillion over the next 10 years, it found that the reforms are deficit neutral and will be entirely paid for.

**Myth: Inflated Taxes-** This bill would place large tax increases on American families.

**Fact:** The America’s Affordable Health Choices Act will be fully paid for, in part by raising about \$500 billion in revenues through a tax surcharge on the wealthiest Americans. The bill would require the top 1.2% of earners — households with adjusted gross income in excess of \$350,000 (married filing a joint return) and \$280,000 (single) — to contribute toward the cost of providing access to affordable health care for all Americans through a new health care surcharge. In other words, families making less than \$350,000 a year — or individuals making less than \$280,000 a year — will see no tax increase under the current House bill. In particular, only 0.81% of households in the 13th District would be affected by the surcharge.

**Myth: Small Business Tax-** A record tax will be placed on small businesses to pay for health care reform.

**Fact:** Small businesses benefit greatly from America’s Affordable Health Choices Act. Specifically, for small businesses this bill would:

Exempt most small firms from shared responsibility to cover workers. 76 percent of all businesses are exempt altogether from the employer responsibility requirements. An additional 7 percent of larger firms would pay a graduated rate of 2 to 6 percent if they do not offer coverage. More than 72 percent of firms with payrolls of \$250,000 to \$500,000 and less than 250 employees already offer worker health coverage today &ndash; and will have better and more affordable options under the bill.

Not impact 96% of small businesses at all with the surcharge&mdash;and of the remaining 4% of owners, half earn less than one third of the income from that small business&mdash;and are more likely to be wealthy investors with some small business income. For the remaining 2% affected, the plan would only place a small surcharge a portion of their net profits.

Dramatically reduce small business health costs. The Small Business Majority recently released a report that showed that without reform, small businesses will pay nearly \$2.4 trillion in health care costs over the next 10 years. If health insurance reform is enacted, the report found that small businesses could save as much as \$855 billion over 10 years, nearly 36 percent. This money can be reinvested in the business and jobs.